



1638  
JW

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/578,827
		Filing Date	May 24, 2000
		First Named Inventor	Philip N. Benfey
		Group Art Unit	1638
Examiner Name		C. Collins	
Total Number of Pages in This Submission	12 & cited references	Attorney Docket Number	57953/1180

### ENCLOSURES (check all that apply)

- Fee Transmittal Form
  - Fee Attached
- Amendment / Reply
  - After Final
  - Affidavits/declaration(s)
- Extension of Time Request
- Express Abandonment Request
- Supplemental Information Disclosure Statement
- Certified Copy of Priority Document(s)
- Response to Missing Parts/ Incomplete Application
- A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53

- Assignment Papers (for an Application)
- Drawing(s)
- Declaration and Power of Attorney
- Licensing-related Papers
- Petition
- Petition to Convert to a Provisional Application
- Power of Attorney, Revocation Change of Correspondence Address
- Terminal Disclaimer
- Request for Refund
- CD, Number of CD(s) \_\_\_\_\_

- After Allowance Communication to Group
- Appeal Communication to Board of Appeals and Interferences
- Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- Proprietary Information
- Status Letter
- Application Data Sheet
- Request for Corrected Filing Receipt with Enclosures
- A self-addressed, prepaid postcard for acknowledging receipt
- Other Enclosure(s) (please identify below):

PTO-1449 (1 page) (in duplicate)

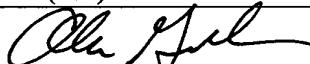
Copy of Supplementary European Search Report for corresponding European application

8 cited references

### Remarks

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

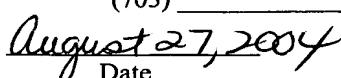
### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

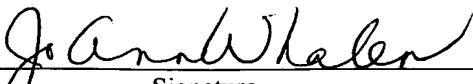
Firm or Individual name	Andrew K. Gonsalves, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1658 Fax: (585) 263-1600	
Signature		
Date	Registration No. 48,145 August 27, 2004	

### CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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August 27, 2004  
Date

  
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Jo Ann Whalen

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**FEETRANSMITTAL  
FOR FY 2004**

AUG 30 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT**

**(\$ 390)**

*Complete if Known*

Application Number	09/578,827
Filing Date	May 24, 2000
First Named Inventor	Philip N. Benfey
Examiner Name	C. Collins
Art Unit	1638
Attorney Docket No.	57953/1180

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number

14-1138

Deposit Account Name

Nixon Peabody LLP

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Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION**

**1. BASIC FILING FEE**

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

**SUBTOTAL (1)**

**(\$ 0)**

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

		Extra Claims	Fee from below	Fee Paid
Total Claims	5	-6** =	0	X 9 = 0
Independent Claims	2	-3** =	0	X 43 = 0
Multiple Dependent			X	= 0

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)**

**(\$ 0)**

\*\* or number previously paid, if greater. For Reissues, see above

**FEE CALCULATION (continued)**

**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**

**(\$ 390)**

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August 27, 2004

Date

*Jo Ann Whalen*  
Signature  
Jo Ann Whalen

Typed or printed name

**SUBMITTED BY**

*Complete (if applicable)*

Name (Print/Type)	Andrew K. Gonsalves	Registration No. (Attorney/Agent)	48,145	Telephone	(585) 263-1658
Signature	<i>Andrew K. Gonsalves</i>			Date	August 27, 2004

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